

**BOARD OF SELECTMEN  
TOWN OF FOXBOROUGH  
MASSACHUSETTS**

---

Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035  
Telephone 508-543-1200 Fax 508-543-1235

---

**COMMON VICTUALLERS LICENSE APPLICATION FORM**

**NOTICE:** As provided by MGLA Chap. 140, the sale of food for immediate consumption on the premises of the vendor has an intimate relation to the public health, and such activity cannot be conducted without the proper licenses and permits.

**THIS IS NOT AN APPLICATION FOR A CHAP. 140. SEC. 49 LUNCH CART**

**License Fee : \$75.00**

**License Expires on December 31st**

DATE OF APPLICATION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

STORE MANAGER: \_\_\_\_\_

BUSINESS TELEPHONE # \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_

NAME OF APPLICANT: (List sole proprietor, partners, or corporate names.)

\_\_\_\_\_

APPLICANT'S MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

FEDERAL I.D. NUMBER(FID #)

\_\_\_\_\_

DESCRIPTION OF  
PREMISES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FORMER ACTIVITY AT PREMISES :

---

---

ZONING DISTRICT: \_\_\_\_\_

ARE THE PREMISES COMPLETED: \_\_\_\_\_ YES \_\_\_\_\_ NO

If "NO", have you obtained site plan approval from the Board of Selectmen? \_\_\_\_\_

DATE: \_\_\_\_\_

Have you obtained a Building Permit? \_\_\_\_\_ DATE: \_\_\_\_\_

Have you obtained an Occupancy Permit? \_\_\_\_\_ DATE: \_\_\_\_\_

Are the premises equipped with fixtures or supplied with necessary implements and facilities to conduct the business? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you obtained a Food Service Permit? \_\_\_\_\_ DATE: \_\_\_\_\_

Have you attached a plan of the premises describing the location of all exits, restrooms, facilities and permanent fixtures? \_\_\_\_\_ YES \_\_\_\_\_ NO

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

---

\*Signature of Individual or Corporate Name  
MANDATORY

---

Signature of Corporate Officer  
MANDATORY, IF APPLICABLE

---

\*\* Social Security Number (Voluntary) or  
Federal Identification Number

---

Signature of Applicant

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have must tax filing and tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass G. L. c.62C s.49A.

NOTICE: Entertainment and Amusements must be licensed by Chap. 140, Sec. 177A; Chap. 140, Sec. 183A; Chap. 130

**BOARD OF SELECTMEN  
TOWN OF FOXBOROUGH  
MASSACHUSETTS**

Foxborough Town Hall ♦ 40 South Street ♦ Foxborough, MA 02035  
Telephone 508-543-1219 Fax 508-543-1235

**BILLIARD TABLE / POOL TABLE LICENSE APPLICATION**

License Expires on May 1st

**License Fee per NON-COIN OPERATED TABLE: \$25.00 per table**

**License Fee per COIN OPERATED TABLE: \$50.00 per table**

Date \_\_\_\_\_

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

\_\_\_\_\_  
FULL NAME OF PERSON, FIRM, OR CORPORATION FILING APPLICATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
TOWN

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

Number of NON-COIN OPERATED TABLES \_\_\_\_\_

Number of COIN OPERATED TABLES \_\_\_\_\_

BILLIARD OR POOL TABLE LICENSE IN THE TOWN OF FOXBOROUGH IN ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID STATUTES.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state and local taxes required under law.

\_\_\_\_\_  
Signature of Individual or Corporate Name  
(MANDATORY)

\_\_\_\_\_  
Signature of Corporate Officer  
(MANDATORY, IF APPLICABLE)

\_\_\_\_\_  
\*\*Social Security Number (Voluntary) or  
Federal Identification Number

\*This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.

\_\_\_\_\_  
Signature of Applicant